EMPS Crisis Intervention Services
Performance Improvement Center (PIC)

Quarter 2: Fiscal Year 2013
October 1 - December 31, 2012
This report was prepared by the Emergency Mobile Psychiatric Services (EMPS) Performance Improvement Center (PIC):

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The Emergency Mobile Psychiatric Services Performance Improvement Center is housed at the Child Health and Development Institute's Connecticut Center for Effective Practice.
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Updated 2/21/2013
Executive Summary

Call and Episode Volume: In the second quarter of FY13, 211 received 4,112 calls including 2,961 calls (72%) handled by EMPS providers and 1,151 calls (28%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This quarter represents a 13.7% increase in call volume compared to the same quarter in FY2012.

Among the 2,961 episodes of care generated in Q2 FY13, episode volume ranged from 332 episodes (Eastern service area) to 835 episodes (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children in the second quarter was 3.63, with service area rates ranging from 2.73 (Southwestern) to 5.29 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 7.95 per 1,000 children in poverty, with service area rates ranging from 6.0 (Southwestern) to 11.04 (Central).

Each quarter, every EMPS site is required to achieve an overall service reach rate of 2.0 episodes per 1,000 children. In Q2 FY13, 13 of 15 providers met the benchmark. The 2 providers that fell below 2.0 were Wellmore-Danbury (1.43) and CFGC/South-EMPS (1.93).

Demographics: Across the state, slightly more than one half (50.7%) of youth served were boys and 49.3% were girls. Approximately 38.7% of youth served were 13-15 years old, 23.6% were 16-18 years old, 24.0% were 9-12 years old, and 10.5% were 6-8 years old. A total of 29.9% of youth served were of Hispanic ethnicity. The majority of the children served were Caucasian (59.4%), 18.7% were African-American or Black, 1.3% were Asian, 0.6% were American Indian/Alaska Native, 0.3% were Native Hawaiian/Pacific Islander, and 16.2% self-identified their racial background as "other".

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide include: Harm/Risk of Harm to Self (30%), Disruptive Behavior (24%), Depression (14%), Harm/Risk of Harm to Others (7%), Anxiety (6%), and Family Conflict (5%). The top client Axis I primary diagnoses at intake this quarter were: Depressive Disorder, NOS (18.1%), Adjustment Disorders (16.6%), and Mood Disorder, NOS (10.7%). This quarter, 70% of EMPS clients statewide met the definition for Serious Emotional Disturbance (SED; see Appendix A for definition).

The statewide percentage of children with trauma exposure reported at intake was 64%, with service areas ranging from 49% (Central) to 73% (New Haven). The most common types of trauma exposure reported at intake statewide: disrupted attachment/multiple placements (27%), witnessing violence (26%), victim of violence (17%), and sexual victimization (10%).

Statewide, one in five children (20%) referred to EMPS this quarter had experienced an inpatient admission in their lifetime. The inpatient admission rate in the six months prior to EMPS referral was 10% statewide and 7% were admitted to an inpatient unit during the EMPS episode of care.

Referral Sources: Statewide, 40.8% of all referrals were received from parents, families, and youth and 37.8% were received from schools. Emergency Departments (EDs) accounted for about 10.1% of all EMPS referrals. The remaining 11.3% of referrals came from other sources.

ED utilization of EMPS varies widely among hospitals in Connecticut. This quarter, a total of 298 EMPS referrals were received from EDs, including 153 referrals for inpatient diversion and 145 referrals for routine follow-up. Regionally, the highest rate of ED responses, as a percentage of total responses, was observed in the Western service area (16%) and the lowest was in the New Haven service area (5%). Statewide, about 10% of all EMPS episodes came from ED referrals this quarter, compared to 12% statewide last quarter.

Mobility: The average statewide mobility this quarter was 92.1%. This quarter represents a .4% increase in statewide mobility compared to the same quarter in FY12. Furthermore, mobility rates among service areas ranged from 86.1% (Central) to 96.7% (Eastern). There was a slightly wider range in mobility percentages among individual providers (83% to 98%).

Response Time: Statewide, in Q2 of FY13, 86% of mobile episodes received a face-to-face response in 45 minutes or less. Performance on this indicator ranged from 76% (Western) to 95% (Eastern). In addition, the statewide median response time in the
second quarter was 28 minutes, with all six service areas demonstrating a median response time of 33 minutes or less. These data strongly suggest that EMPS service providers are increasingly offering timely responses to crises in the community.

**Length of Stay:** Statewide, among discharged episodes, 9% (current reporting period) and 9% (cumulative) of Phone Only episodes exceeded one day, 28% (current reporting period) and 25% (cumulative) of Face-to-face episodes exceeded five days, and 4% (current reporting period) and 3% (cumulative) of Plus Stabilization Follow-up episodes exceeded 45 days. The statewide median length of stay for Phone Only episodes was 0.0 days, 4.0 days for Face-to-face episodes and 18.0 days for Plus Stabilization.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 16 days and ranged from 16 days in the Western service area to 0 days in all other service areas. Statewide, the median LOS for Face-to-face was 4.5 days and ranged from 0 days (Central, Eastern, New Haven) to 35 days (Western). For Plus Stabilization Follow-up, the statewide median LOS was 23.5 days with a range from 0 days (Central, Eastern, New Haven) to 47.5 days (Western). This tells us that families remain open for services beyond the benchmarks for each crisis response category, but particularly among cases initially coded as phone only. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

**Discharge Information:** The overwhelming majority of clients lived in a private residence at discharge from EMPS (97.2%). Statewide, the top six reasons for client discharge were: Met Treatment Goals (68.1%), Family Discontinued (21.8%), Client Hospitalized: Psychiatrically (6.3%), Agency Discontinued: Clinical (1.8%), Agency Discontinued: Administrative (0.9%), and Child Requires Other Out of Home Care (0.4%).

Statewide, clients were most likely to be referred to Outpatient Services at discharge (43.2%). Other care referrals at discharge included: Other: Community Based (8.0%), Inpatient Hospital (6.7%), Intensive In Home Services (6.5%), Partial Hospital Program (3.5%), and Intensive Outpatient Program (3.1%). An additional 23.2% of clients were not referred to any type of care at discharge, although this category includes children referred back to an existing provider.

Across the state, Ohio Scales showed overall improvements of 2.9 points on parent-rated functioning and 3.2 points on worker-rated functioning. Decreases in problem scores of 4.8 points on parent-ratings and 4.8 points on worker-ratings were reported. Changes on all four Ohio Scales scores were statistically significant, which suggests that EMPS may contribute to symptom improvement during the course of the brief intervention.

**Satisfaction:** This quarter, 109 clients/families and 102 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and EMPS personnel. On a 5-point scale, clients’ average ratings of 211 and EMPS providers were 4.9 and 4.85, respectively. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and EMPS were 4.83 and 4.77, respectively. Qualitative comments (see Section IX) varied considerably from very satisfied to dissatisfied. Issues raised were related to response time, follow-up, and overall quality of services received.

**Training Attendance:** The statewide average percentage of trainings completed by all active staff this quarter is 49% compared to 59% at the end of Q1 FY13. The average percent of trainings completed for all active staff ranged from 0% (CFGC/South-EMPS, CFGC/South-EMPS) to 100% (CHR-EMPS, CFGC-EMPS:Nrwk).

**Community Outreach:** At the end of Q2 FY13, 6 of 15 providers (CHR-EMPS, Wheeler-EMPS:NBrit, CliffBeers-EMPS, CFGC/South-EMPS, Wellmore-Torrington and Wellmore-Waterbury) met the requirement of six outreaches for the quarter. Nine providers met the requirement for two outreaches for two months (CHR-MiddHosp-EMPS, CHR-EMPS, Wheeler-EMPS:Hfd, Wheeler-Meriden, Wheeler-EMPS:NBrit, CliffBeers-EMPS, CFGC/South-EMPS, Wellmore-Torrington, Wellmore-Waterbury). There were several providers who went beyond the required outreaches this quarter.
Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type (Current Quarter)

Figure 2. Total Call Volume per Quarter by Call Type

Figure 15. EMPS Response Episodes by Provider (Total Episodes = 2961)

Figure 4. EMPS Episodes per Quarter by Service Area

Figure 5. Number Served per 1,000 Children (Current Quarter)

Figure 6. Number Served per 1,000 Children per Quarter by Service Area
Figure 7. Number Served per 1,000 Children in Poverty (Current Quarter)

Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

Figure 9. Mobile Response (Mobile & Deferred Mobile) by Service Area (Current Quarter)

Figure 10. Mobile Response (Mobile & Deferred Mobile) per Quarter by Service Area

Figure 11. Total Mobile Episodes with Response Time Under 45 Minutes (Current Quarter)

Figure 12. Total Mobile Episodes with Response Time Under 45 Minutes per Quarter by Service Area

Note: Count of mobile episodes under 45 mins. are in parenthesis
Section II: Episode Volume

Figure 13. Total Call Volume by Call Type

Figure 14. Statewide 211 Disposition Frequency

NOTE: EMPS Resp includes 10 with no designated provider

Figure 15. EMPS Response Episodes by Provider (Total Episodes = 2961)

Figure 16. Number Served Per 1,000 Children by Provider (Current Quarter)
Section III: Demographics

Figure 19. Gender of Children Served Statewide

Female 49.3%
Male 50.7%

Figure 20. Age Groups of Children Served Statewide (N=2328)

<=5 0.7%
6-8 2.5%
9-12 10.5%
13-15 23.6%
16-18 38.7%
19+ 24.0%

Figure 21. Ethnic Background of Children Served Statewide (N=2676)

Non-Hispanic Origin 70.1%
Mexican, Mexican American, Chicano/a 17.7%
Puerto Rican 9.6%
Cuban 0.7%
South or Central American 0.3%
Hispanic/Latino Origin 1.6%

Figure 22. Race of Children Served Statewide (N=2758)

American Indian Alaska Native 59.4%
Asian 18.7%
Black/ African American 16.2%
Native Hawaiian Pacific Islander 0.6%
Caucasian 0.3%
OtherRace 1.3%

Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."
Figure 23. Client’s Type of Health Insurance at Intake Statewide

<table>
<thead>
<tr>
<th>Type of Health Insurance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSKY A</td>
<td>59.6%</td>
</tr>
<tr>
<td>Private</td>
<td>29.6%</td>
</tr>
<tr>
<td>No Health Insurance</td>
<td>5.3%</td>
</tr>
<tr>
<td>HUSKY B</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2.7%</td>
</tr>
<tr>
<td>Medicaid (non-HUSKY)</td>
<td>0.3%</td>
</tr>
<tr>
<td>Military Health Care</td>
<td>0.6%</td>
</tr>
<tr>
<td>Medicare</td>
<td>0.1%</td>
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</table>

Figure 24. Families that Answered "Yes" TANF* Eligible by Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>CHR/MD/Hosp-EMS</td>
<td>47%</td>
</tr>
<tr>
<td>CHF-EMS</td>
<td>51%</td>
</tr>
<tr>
<td>UCF-EMS</td>
<td>49%</td>
</tr>
<tr>
<td>UCF-EMS-SE</td>
<td>55%</td>
</tr>
<tr>
<td>Wheeler-EMS</td>
<td>30%</td>
</tr>
<tr>
<td>Wheeler-EMS-Medlin</td>
<td>63%</td>
</tr>
<tr>
<td>C hrs/IDR</td>
<td>57%</td>
</tr>
<tr>
<td>C hrs/IDR-Bridg</td>
<td>57%</td>
</tr>
<tr>
<td>CF-GC-EMS</td>
<td>55%</td>
</tr>
<tr>
<td>CF-GC-EMS-HW/BE</td>
<td>71%</td>
</tr>
<tr>
<td>Well-EMS-Okb</td>
<td>57%</td>
</tr>
<tr>
<td>Well-EMS-Tor</td>
<td>56%</td>
</tr>
<tr>
<td>Well-EMS-Wtby</td>
<td>55%</td>
</tr>
<tr>
<td>Statewide</td>
<td>51%</td>
</tr>
<tr>
<td>Statewide</td>
<td>51%</td>
</tr>
</tbody>
</table>

* TANF=Temporary Assistance for Needy Families

Figure 25. Client DCF* Status at Intake Statewide

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not DCF</td>
<td>83.6%</td>
</tr>
<tr>
<td>Child Protective Services-In Home</td>
<td>5.2%</td>
</tr>
<tr>
<td>Child Protective Services-Out-of Home</td>
<td>4.1%</td>
</tr>
<tr>
<td>Voluntary Services Program</td>
<td>1.7%</td>
</tr>
<tr>
<td>Termination of Parental Rights</td>
<td>1.5%</td>
</tr>
<tr>
<td>Family With Service Needs (FWSN)-In Home</td>
<td>1.5%</td>
</tr>
<tr>
<td>Family Assessment Response</td>
<td>0.7%</td>
</tr>
<tr>
<td>Not DCF-On Probation</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not DCF-Other Court Involved</td>
<td>0.7%</td>
</tr>
<tr>
<td>Family With Service Needs (FWSN)-Out of Home</td>
<td>0.3%</td>
</tr>
<tr>
<td>Juvenile Justice (delinquency) Commitment</td>
<td>0.1%</td>
</tr>
<tr>
<td>Dual Commitment (Juvenile Justice &amp; Child Protective)</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

*DCF=Department of Children and Families
**Section IV: Clinical Functioning**

Figure 26. Top Six Client Primary Presenting Problems by Service Area

Figure 27. Distribution of Client Axis I Primary Diagnosis at Intake Statewide

Figure 28. Distribution of Client Axis II Primary Diagnosis at Intake Statewide

*multiple diagnostic codes combined within category (see "Appendix B" for list)
Figure 29. Distribution of Client Axis III Diagnosis at Intake Statewide

None 63.7%
Asthma 9.8%
Other 10.0%
Allergies 10.0%
Obesity 3.3%
Headaches/Migraines 1.8%
Diabetes 0.6%
Seizure Disorder 0.6%
Ear Infection (Chronic) 0.3%
Lead Poisoning 0.1%

Figure 30. Distribution of Client Axis IV Diagnosis at Intake Statewide

Problems with Primary Support Group 33.8%
Educational Problems 23.0%
Problems Related to the Social Environment 24.6%
Other Psychosocial & Environmental Problems 10.5%
Problems Related to Interaction w/ Legal System/Crime 2.6%
Economic Problems 1.8%
Housing Problems 1.7%
Problems with Access to Healthcare Services 0.9%
None 0.8%
Occupational Problems 0.4%

Figure 31. Mean Client Axis V Diagnosis (GAF*) at Intake and Discharge by Service Area

Mean GAF* at Intake  Mean GAF* at Discharge

* GAF=Global Assessment of Functioning
**Figure 32. Children Meeting SED* Criteria by Service Area**

*SED= Serious Emotional Disturbance for definition see Appendix A

**Figure 33. Children with Trauma Exposure Reported at Intake by Service Area**

**Figure 34. Type of Trauma Reported at Intake by Service Area**

**Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care**

**Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care**

---

**Central**
- Witness Violence: 26%
- Victim Violence: 9%
- Sexual Victimization: 31%
- Disrupted Attachment/Multiple Placements: 28%
- Other: 23%

**Eastern**
- Witness Violence: 20%
- Victim Violence: 15%
- Sexual Victimization: 31%
- Disrupted Attachment/Multiple Placements: 23%
- Other: 21%

**Hartford**
- Witness Violence: 13%
- Victim Violence: 10%
- Sexual Victimization: 31%
- Disrupted Attachment/Multiple Placements: 22%
- Other: 28%

**New Haven**
- Witness Violence: 23%
- Victim Violence: 17%
- Sexual Victimization: 31%
- Disrupted Attachment/Multiple Placements: 23%
- Other: 18%

**Southwestern**
- Witness Violence: 31%
- Victim Violence: 33%
- Sexual Victimization: 31%
- Disrupted Attachment/Multiple Placements: 22%
- Other: 20%

**Western**
- Witness Violence: 31%
- Victim Violence: 35%
- Sexual Victimization: 35%
- Disrupted Attachment/Multiple Placements: 22%
- Other: 20%

**Statewide**
- Witness Violence: 20%
- Victim Violence: 27%
- Sexual Victimization: 20%
- Disrupted Attachment/Multiple Placements: 17%
- Other: 26%

---

**Central**
- Evaluated 1 or more times in 6 months prior: 25%
- Evaluated 1 or more times during: 26%

**Eastern**
- Evaluated 1 or more times in 6 months prior: 5%
- Evaluated 1 or more times during: 8%

**Hartford**
- Evaluated 1 or more times in 6 months prior: 17%
- Evaluated 1 or more times during: 18%

**New Haven**
- Evaluated 1 or more times in 6 months prior: 13%
- Evaluated 1 or more times during: 14%

**Southwestern**
- Evaluated 1 or more times in 6 months prior: 15%
- Evaluated 1 or more times during: 16%

**Western**
- Evaluated 1 or more times in 6 months prior: 20%
- Evaluated 1 or more times during: 21%

**Statewide**
- Evaluated 1 or more times in 6 months prior: 17%
- Evaluated 1 or more times during: 18%

---

**Central**
- Inpatient 1 or more times in lifetime: 29%
- Inpatient 1 or more times in 6 months prior: 13%
- Inpatient 1 or more times during: 10%

**Eastern**
- Inpatient 1 or more times in lifetime: 14%
- Inpatient 1 or more times in 6 months prior: 7%
- Inpatient 1 or more times during: 5%

**Hartford**
- Inpatient 1 or more times in lifetime: 17%
- Inpatient 1 or more times in 6 months prior: 9%
- Inpatient 1 or more times during: 4%

**New Haven**
- Inpatient 1 or more times in lifetime: 13%
- Inpatient 1 or more times in 6 months prior: 8%
- Inpatient 1 or more times during: 4%

**Southwestern**
- Inpatient 1 or more times in lifetime: 13%
- Inpatient 1 or more times in 6 months prior: 4%
- Inpatient 1 or more times during: 7%

**Western**
- Inpatient 1 or more times in lifetime: 12%
- Inpatient 1 or more times in 6 months prior: 27%
- Inpatient 1 or more times during: 10%
Table 1: Referral Sources (Current Quarter)

<table>
<thead>
<tr>
<th>Area</th>
<th>Self/Family</th>
<th>School</th>
<th>Other Community Provider (DCF)</th>
<th>Probation/Court</th>
<th>Foster Parent</th>
<th>Psychiatric Hospital</th>
<th>Info-Line (211)</th>
<th>Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE</td>
<td>40.8%</td>
<td>37.8%</td>
<td>10.1%</td>
<td>4.3%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>40.7%</td>
<td>31.3%</td>
<td>13.9%</td>
<td>6.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.9%</td>
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<tr>
<td>CHR/MiddHosp-EMPS</td>
<td>48.1%</td>
<td>28.7%</td>
<td>14.8%</td>
<td>3.7%</td>
<td>0.0%</td>
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<tr>
<td>CHR-EMPS</td>
<td>38.5%</td>
<td>32.1%</td>
<td>13.6%</td>
<td>6.9%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>1.1%</td>
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<tr>
<td>EASTERN</td>
<td>47.3%</td>
<td>37.0%</td>
<td>5.1%</td>
<td>3.0%</td>
<td>1.8%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>UCFS-EMPS:NE</td>
<td>47.2%</td>
<td>31.3%</td>
<td>7.4%</td>
<td>3.7%</td>
<td>1.8%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>UCFS-EMPS:SE</td>
<td>47.3%</td>
<td>42.6%</td>
<td>3.0%</td>
<td>2.4%</td>
<td>1.8%</td>
<td>1.2%</td>
<td>0.0%</td>
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<tr>
<td>HARTFORD</td>
<td>34.7%</td>
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Figure 38. Type of Emergency Dept. Referral (N= 298)

Note: Count total ED referrals are in parenthesis

Figure 39. Emergency Dept. Referral (% of Total EMPS Episodes)

Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Dept. Referral by Provider

Note: Count total ED referrals are in parenthesis

Figure 41. Emergency Dept. Referral (% of Total EMPS Episodes) by Provider

Note: Count total ED referrals are in parenthesis
Section VI: 211 Recommendations and EMPS Response

Figure 42. 211 Recommended Initial Response

Figure 43. Actual Initial EMPS Provider Response

Figure 44. 211 Recommended Mobile Response Where Actual EMPS Response was Non-Mobile or Deferred Mobile

Note: Total count of EMPS response episodes are in parenthesis.
Figure 45. 211 Recommended Non-Mobile Response Where Actual EMPS Response was Mobile or Deferred Mobile

Note: Total count 211 Rec of Non-Mobile are in parenthesis

Figure 46. Mobile Response (Mobile & Deferred Mobile) by Service Area

Goal=90%

Figure 47. Mobile Response (Mobile & Deferred Mobile) by Provider

Goal=90%
**Section VII: Response Time**

*Figure 48. Total Mobile Episodes with Response Time Under 45 Minutes*

- Central (130): 92%
- Eastern (62): 95%
- Hartford (290): 83%
- New Haven (151): 81%
- Southwestern (159): 90%
- Western (411): 76%
- Statewide (1450): 86%

Note: Count of mobile episodes under 45 mins. are in parenthesis

*Figure 49. Total Mobile Episodes with Response Time Under 45 Minutes by Provider*

- CHR/EMPS/NE (65): 96%
- CHR/EMPS/SE (5): 91%
- UCS/EMPS (110): 91%
- UCS/EMPS/NE (5): 99%
- UCS/EMPS/SE (123): 95%
- Wheeler-EMPS (172): 83%
- Wheeler-EMPS/NE (115): 94%
- Cliffs/Board-EMPS (105): 87%
- Cliffs/Board-EMPS/NE (170): 79%
- CFGC-EMPS-North (159): 81%
- CFGC-EMPS-South (154): 61%
- Well-EMPS-DR (125): 81%
- Well-EMPS-West (171): 78%

Note: Count of mobile episodes under 45 mins. are in parenthesis

*Figure 50. Median Mobile Response Time by Service Area in Minutes*

- Central (130): 30
- Eastern (62): 25
- Hartford (290): 32
- New Haven (151): 33
- Southwestern (159): 25
- Western (411): 23
- Statewide (1450): 28

Note: Count of mobile EMPS response episodes in parenthesis

*Figure 51. Median Mobile Response Time by Provider in Minutes*

- CHR/EMPS/NE (65): 20
- CHR/EMPS/SE (5): 33
- UCS/EMPS (110): 32
- UCS/EMPS/NE (5): 31
- UCS/EMPS/SE (123): 30
- Wheeler-EMPS (172): 37
- Wheeler-EMPS/NE (115): 32
- Cliffs/Board-EMPS (105): 22
- Cliffs/Board-EMPS/NE (170): 25
- CFGC-EMPS-North (159): 26
- CFGC-EMPS-South (154): 28
- Well-EMPS-DR (125): 37
- Well-EMPS-West (171): 20

Note: Count of mobile episodes under 45 mins. are in parenthesis

*Figure 52. Median Deferred Mobile Response Time by Service Area in Hours*

- Central (130): 5.7
- Eastern (62): 3.2
- Hartford (290): 4.0
- New Haven (151): 3.9
- Southwestern (159): 3.7
- Western (411): 3.0
- Statewide (1450): 3.9

Note: Count of deferred mobile EMPS response episodes in parenthesis

*Figure 53. Median Deferred Mobile Response Time by Provider in Hours*

- CHR/EMPS: 5.6
- CHR/EMPS/NE: 5.7
- UCS/EMPS: 2.9
- UCS/EMPS/SE: 3.4
- Wheeler-EMPS/Meriden: 9.2
- Wheeler-EMPS/Enfield: 3.0
- Cliffs/Board-EMPS: 3.5
- Cliffs/Board-EMPS/NE: 3.2
- CFGC/EMPS-North: 4.0
- CFGC/EMPS-South: 3.7
- Well-EMPS-DR: 3.2
- Well-EMPS-SE: 2.5
- Well-EMPS-West: 2.3
- Well-EMPS-West: 3.2

Note: Count of deferred mobile EMPS response episodes in parenthesis
## Section VIII: Length of Stay and Discharge Information

### Table 2. Length of Stay for Discharged Episodes of Care in Days

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* Discharged episodes with end dates from July 1, 2011 to the end of the current reporting period.

**Note:** Blank cells indicate no data was available for that particular inclusion criteria

**Definitions:**
- LOS: Phone: Length of Stay in Days for Phone Only
- LOS: FTF: Length of Stay in Days for Face To Face Only
- LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days
### Table 3. Number of Episodes for Discharged Episodes of Care

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* Discharged episodes with end dates from July 1, 2011 to the end of the current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria.

**Definitions:**
- **LOS:** Phone: Length of Stay in Days for Phone Only
- **LOS:** FTF: Length of Stay in Days for Face To Face Only
- **LOS:** Stab.: Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1: Percent of episodes that are phone only that are greater than 1 day
- FTF > 5: Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45: Percent of episodes that are stabilization plus follow-up that are greater than 45 days
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**Definitions:**
- LOS: Phone: Length of Stay in Days for Phone Only
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- LOS: Stab.: Length of Stay in Days for Stabilization Plus Follow-up Only
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- Stab. > 45: Percent of episodes that are stabilization plus follow-up that are greater than 45 days

*Data includes episodes still in care with referral dates from July 1, 2011 to end of current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria.

*Table 4. Length of Stay for Open Episodes of Care in Days*
Figure 54. Top Six Reasons for Client Discharge Statewide

- Met Treatment Goals: 68.1%
- Family Discontinued: 21.8%
- Client Hospitalized: Psychiatrically: 6.3%
- Agency Discontinued: Clinical: 1.8%
- Agency Discontinued: Administrative: 0.9%
- Child Requires Other Out of Home Care: 0.4%
- Other (not in top 6): 0.7%

Figure 55. Top Six Places Clients Live at Discharge Statewide

- Private Residence: 97.2%
- DCF Foster Home: 1.3%
- Group Home: 0.8%
- TFC Foster home (privately licensed): 0.5%
- Crisis Residence: 0.1%
- Residential Treatment Facility: 0.0%
- Other (not in top 6): 0.1%

Figure 56. Type of Services Client Referred* to at Discharge Statewide (N=1960)

- Outpatient Services (1251): 43.2%
- None (672): 23.2%
- Intensive In Home Services (233): 8.0%
- Other: Community-Based (195): 6.7%
- Inpatient Hospital (188): 6.5%
- Partial Hospital Program (102): 3.5%
- Intensive Outpatient Program (89): 3.1%
- Extended Day Treatment (43): 1.5%
- Care Coordination (55): 1.9%
- Group Home (31): 1.1%
- Other: Out of Home (30): 1.0%
- Residential Treatment (6): 0.2%

Note: Count for each type of service referral is in parenthesis

* Data include clients referred to more than one type of service
** May include referrals back to existing providers
### Table 5. Ohio Scales Scores by Service Area

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<td>-0.11</td>
<td>0.920</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker Functioning Score</td>
<td>298</td>
<td>42.11</td>
<td>45.61</td>
<td>3.50</td>
<td>10.94</td>
<td>0.000 **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Problem Score</td>
<td>17</td>
<td>36.06</td>
<td>32.18</td>
<td>-3.88</td>
<td>-1.69</td>
<td>0.11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker Problem Score</td>
<td>299</td>
<td>31.48</td>
<td>26.85</td>
<td>-4.63</td>
<td>-12.17</td>
<td>0.000 **</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

paired' = Number of cases with both intake and discharge scores

† .05-.10,
* P < .05,
**P < .01
## Section IX: Client & Referral Source Satisfaction

### Table 6. Client and Referrer Satisfaction for 211 and EMPS (Current Quarter)*

<table>
<thead>
<tr>
<th>211 Items</th>
<th>Clients (n=109)</th>
<th>Referrers (n=102)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 211 staff answered my call in a timely manner</td>
<td>4.90</td>
<td>4.80</td>
</tr>
<tr>
<td>The 211 staff was courteous</td>
<td>4.94</td>
<td>4.91</td>
</tr>
<tr>
<td>The 211 staff was knowledgeable</td>
<td>4.90</td>
<td>4.84</td>
</tr>
<tr>
<td>My phone call was quickly transferred to the EMPS provider</td>
<td>4.84</td>
<td>4.77</td>
</tr>
<tr>
<td><strong>Sub-Total Mean: 211</strong></td>
<td>4.90</td>
<td>4.83</td>
</tr>
<tr>
<td>EMPS Items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPS responded to the crisis in a timely manner</td>
<td>4.88</td>
<td>4.75</td>
</tr>
<tr>
<td>The EMPS staff was respectful</td>
<td>4.93</td>
<td>4.90</td>
</tr>
<tr>
<td>The EMPS staff was knowledgeable</td>
<td>4.90</td>
<td>4.82</td>
</tr>
<tr>
<td>The EMPS staff spoke to me in a way that I understood</td>
<td>4.92</td>
<td>X</td>
</tr>
<tr>
<td>EMPS helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called EMPS)</td>
<td>4.81</td>
<td>X</td>
</tr>
<tr>
<td>The services or resources my child and/or family received were right for us</td>
<td>4.72</td>
<td>X</td>
</tr>
<tr>
<td>The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS</td>
<td>X</td>
<td>4.65</td>
</tr>
<tr>
<td>Overall, I am very satisfied with the way that EMPS responded to the crisis</td>
<td>4.80</td>
<td>4.73</td>
</tr>
<tr>
<td><strong>Sub-Total Mean: EMPS</strong></td>
<td>4.85</td>
<td>4.77</td>
</tr>
<tr>
<td><strong>Overall Mean Score</strong></td>
<td>4.87</td>
<td>4.82</td>
</tr>
</tbody>
</table>

* All items collected by 211, in collaboration with the PIC and DCF; measured on a scale of 5 (Strongly Agree) to 1 (Strongly Disagree)

### Client Comments:
- The woman who came out to speak with my daughter was wonderful.
- I really didn't know what to expect since this was my first time calling, but I was satisfied with the services.
- I am very, very happy with the services--I have called many times
- I felt it was very helpful to know the support was there and this help is available to both my son and for us.
- I just appreciate the timely fashion and the work done.
- We had to tell the story so many times to so many people at first. Once we got past that everything came together and we were helped.
- I feel that 211 initially misunderstood what I was looking for when I was transferred to EMPS, they also misunderstood. I only wanted psychological testing for my child. I was not satisfied with the service.
- I feel that I should not have to repeat all of my information over again to the 211 staff, since I have called before

### Referrer Comments:
- I can't say enough about the service—it is just wonderful.
- We were extremely impressed with the services—thank you.
- The EMPS staff did help work with the family and us to get things moving. They were a very good catalyst for getting the help needed.
- Within the hour of making a phone call someone was at the office. It was phenomenal. It's great to know that they are there if we need them.
- I thought it was a quick response and benefited the family. We were very happy with the response.
- I felt that it took them too long to arrive-30 minutes.
- Undecided on this—the staff did not appear very effective as some of the other staff who have been out prior to this call. I did not really agree with the plan put in place
**Section X: Training Attendance**

**Table 7. Trainings Completed for All Active* Staff**

<table>
<thead>
<tr>
<th>Training Title Abbreviations:</th>
<th>Crisis Wrap</th>
<th>Crisis API</th>
<th>Str Based</th>
<th>Suicide</th>
<th>Trauma</th>
<th>Violence</th>
<th>C&amp;L Care</th>
<th>Safety</th>
<th>Emerg. Certificate</th>
<th>All 9 Trainings Completed</th>
<th>All 9 Completed for Full-Time Staff Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide (151)*</td>
<td>49%</td>
<td>66%</td>
<td>55%</td>
<td>66%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>67%</td>
<td>63%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>CHR/MiddHosp-EMPS (6)</td>
<td>50%</td>
<td>83%</td>
<td>50%</td>
<td>100%</td>
<td>83%</td>
<td>83%</td>
<td>67%</td>
<td>83%</td>
<td>100%</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>CHR-EMPS (9)*</td>
<td>56%</td>
<td>89%</td>
<td>67%</td>
<td>78%</td>
<td>67%</td>
<td>78%</td>
<td>78%</td>
<td>89%</td>
<td>67%</td>
<td>67%</td>
<td>40%</td>
</tr>
<tr>
<td>UCFS-EMPS:NE (7)*</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>43%</td>
<td>29%</td>
<td>29%</td>
<td>67%</td>
</tr>
<tr>
<td>UCFS-EMPS:SE (9)*</td>
<td>33%</td>
<td>56%</td>
<td>22%</td>
<td>67%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wheeler-EMPS:Htfd (19)*</td>
<td>21%</td>
<td>42%</td>
<td>42%</td>
<td>58%</td>
<td>47%</td>
<td>37%</td>
<td>37%</td>
<td>53%</td>
<td>37%</td>
<td>37%</td>
<td>9%</td>
</tr>
<tr>
<td>Wheeler-EMPS:Meridn (9)*</td>
<td>33%</td>
<td>78%</td>
<td>33%</td>
<td>78%</td>
<td>67%</td>
<td>89%</td>
<td>78%</td>
<td>78%</td>
<td>67%</td>
<td>67%</td>
<td>17%</td>
</tr>
<tr>
<td>Wheeler-EMPS:NBrit (17)*</td>
<td>41%</td>
<td>88%</td>
<td>47%</td>
<td>94%</td>
<td>76%</td>
<td>88%</td>
<td>82%</td>
<td>94%</td>
<td>94%</td>
<td>29%</td>
<td>42%</td>
</tr>
<tr>
<td>CBeer/Bridge-EMPS (0)*</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>CliffBeers-EMPS (21)*</td>
<td>57%</td>
<td>48%</td>
<td>62%</td>
<td>62%</td>
<td>43%</td>
<td>48%</td>
<td>48%</td>
<td>57%</td>
<td>52%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>CFGC/South-EMPS (5)*</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>100%</td>
<td>100%</td>
<td>20%</td>
</tr>
<tr>
<td>CFGC-EMPS:Nrwlk (2)*</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>CFGC-EMPS (15)*</td>
<td>87%</td>
<td>93%</td>
<td>87%</td>
<td>73%</td>
<td>67%</td>
<td>73%</td>
<td>60%</td>
<td>87%</td>
<td>67%</td>
<td>47%</td>
<td>43%</td>
</tr>
<tr>
<td>Well-EMPS:Dnby (1)*</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Well-EMPS:Torr (3)*</td>
<td>100%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Well-EMPS:Wtby (28)*</td>
<td>43%</td>
<td>68%</td>
<td>57%</td>
<td>46%</td>
<td>57%</td>
<td>39%</td>
<td>57%</td>
<td>64%</td>
<td>61%</td>
<td>21%</td>
<td>33%</td>
</tr>
</tbody>
</table>

| Full-Time Staff Only (89)     | 49%         | 73%       | 52%       | 78%     | 62%    | 62%      | 64%      | 74%    | 72%              | 24%                      | 24%                            |

Note: Count of active staff for each provider or category is in parenthesis

* Includes all active full-time, part-time and per diem staff
Section XI: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

Figure 58. Ohio Scales Collected at Discharge by Provider

Note: Count number of expected Ohio Scales completed at discharge in parenthesis
**Section XII: Provider Community Outreach**

* Formal outreach refers to: 1) In person presentations lasting 30 minutes or more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which EMPS is discussed for at least an hour or more; 3) Outreach presentations that are not in person which may include workshops, conferences, or similar gatherings in which the EMPS marketing video, banner, and table skirt are set up for at least 2 hours with marketing materials made available to those who would like them; 4) The EMPS PIC considers other outreaches for inclusion on a case-by-case basis, as requested by EMPS providers.

![Figure 59. Number of Times Provider Performed Formal* Outreach to the Community](chart.png)

*Oct ’12  Nov ’12  Dec ’12*